# Airman MedXPress Exam Submittal Process For DIWS Exam (MID) Number: 200004752955

Page: 1

# MedXPress

Applicant Name:	Andreas Guenter Lubitz
Applicant DOB:	12/18/1987
MedXPress Account Name:	andreaslubitz@aol.com
IP Address Used:	87.168.119.27
Exam Create Date:	06/14/2010
Exam Signed/Submitted On:	06/14/2010
Exam Confirmation Number:	38873566
Correct User Password was used by MedXPress applicant for submission:	Yes

### AMCS

Import Date:	06/18/2010
Exam Imported for AME Name/Number:	JOERG SIEDENBURG / 3015
Exam Imported from MedXPress	JORG SIEDENBURG
oy. E-em Dale:	6/18/2010
Exam Submitted to FAA On:	06/18/2010
Exam Submitted for AME Name/Number:	JOERG SIEDENBURG / 3015
Exam Submitted to FAA by:	JORG SIEDENBURG
DIWS MID Number:	200004752955
Exam Modification(s) by AME:	See Modification Comments below.
AME certified that Exam Modifications were approved by applicant:	Yes

18M.In the mean-time there was a brief period of a reactive depression caused by a decompensation subsequent to excessive demands. The applicant was evaluated by the subsequent found fit for JAR-FCL 3 Class 1 Medical fitness.;

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MEDICAL CERTIFIC	ATE .		3. Last			First Name			Middle Nar	ne	
AND STUDENT PIL	OT C	ERTIFICATE	LUBITZ 4 Socia		rity Number	ANDREAS 888-07-053	5	·····	Guenter		
This certifies that (Full name an	d address		I		umber / Street	000-07-000	-	Teleph	one Number		
ANDREAS Guenter LUBITZ											
			City				State	/Country	Zip	Code	
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Date of Birth	it : Hair	Eyes Sex	í <b>Ĺ</b>	enship e of Air	Germany man Certificate	e(s) You Hold:	BLO	4D	BLUE	_	Male
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mitetions			13			dical Certificate Ever Been	Denie	d, Suspend	≞d, or Revok	ed?	
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Date of Examination	Exammer	's Designation No.:	0			0		04/09/2	2000		pplication
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Signature			<b>{                                    </b>		. , .			, ,	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Yes	No
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AIRMAN'S SIGNATURE			17.b. Do	Уон Е		rision Contact Lens(es) Wi	ile Flyi	ng?		N N	
18. Medical History - HAVE YOU EVE	R IN YOUR I	LIFE BEEN DIAGNOSED WI	<i>ــــــ</i> ــــــــــــــــــــــــــــــ						wer "yes" or "r		
for every condition listed below. In the reported on a previous application for								of the cond ins Page	ition was		
Yes No Condition	Yes	No Condition		Yes	l No	Condition	w	No	Cor	nditio	п.
a. D Ki Frequent or severe headaches	g. 🗆	Heart or vascular trouble	3	m Mental disorders of any sori; depression, anxiety, etc.			r. 🔲 🖾 Military medical discharge				
b. Dizziness or fainting spell	h. 🗀	区 High or low blood presse	ure	n. 🗆	test ever, or substance abuse or use		s. 🏻	Medical rejection by military service			service
c. 🔲 🛭 Unconsciousness for any reason	i. 🗆	Stomach, liver, or intesti	nal trouble	l	illegal subs	tance in the last 2 years.	t. 🔲	Rejèction for life or health insurance			surance
d.   Eye or vision trouble except glass	ses j. 🛚	Kidney stone or blood in	urine	0.□	☑ Alcohol dependence or abuse		υ, <b>□</b>	Admission to hospital			
e. 🗌 🛛 Hay fever or allergy	k. []	☑ Diabetes		p. 🗌	X Suicide atte	empt	x. 🗍	☑ Other illness, disability, or surgery			urgery
	l. 🗆	Neurological disorders; e seizures, stroke, paralys	epilepsy, is etc.	q. 🔲	Motion sick	ness requiring medication	у. 🗆	Medical disability benefits			
Arrest, Conviction, and/or Admir	istrative /			s Page							
Yes No No History of (1) any arrest(s) and while under the influence of alc administrative action(s) involving revocation of driving privileges	ohol or a dn. g an offense	ug; or (2) history of any arrest e(s) which resulted in the den	t(s), and/or c ilal, suspens	onviction ion, car	on(s), and/or ncellation, or		Yes w.□	💹 convid	y of nontraffic tion(s) emeanors or (c	elonie	s).
Explanations: See Instruction	s Page								FOR Review	Section.	PARTY SAL
19. Visits to Health Professional	Within Las	st 3 Years.	Yes (Exp	lain Bei	ow) X N	o See Instruction	ns Pa	ige			
Date Name, Add	ress, and	Type of Health Profess	ional Con	sultec				Reason			
		**************************************									
- NOTICE -						r and Certifying Declar					
Whoever in any matter within the Intereby authorize the National Driver Register (NDR), through a designated State Department of Molor Vehicles, to furnish to the FAA information prevaided in this consent constitutes authorization for a single access to the information contained in the NDR to verify information provided in this application. Upon or agency of the United my request, the FAA shall make the information received from the NDR, if any, available for my review and written comment. Authority, 23 U.S. Code 401, Note,											
States knowingly and wilifully falsifles, conceals or covers up											
by any trick, scheme, or device a material fact, or who makes any	NOTÉ:	ALL persons using this form ma or Medical Certificate and Stude	ıst sign it, NDI ınt Pilot Certifi	R conse: icate.	nt, however, does	not apply unless this form is us	ed as ar	epplication f	or Medical Certi	ificate	
Talse, fictitious or Iraudulent statements or representations, or entry, may be fined up to	nhy certify the	all statements and answers provid	led by me on th	nis applic	ation form are com-	plate and true to the best of my be	umledos	and learne +	at they are		ļ
		art of the basis for issuance of any									
Elec	tronically sig	ned by : andreaslubitz@aol.	com / Passv	vord Ve	rified	· · · · · · · · · · · · · · · · · · ·		Date 06.	14/2010		

Form 85	00-8 Continuation Sheet		
17.a. Medications (From page 1): Medication		Previously Reported Yes No	
18. Explanations (From page 1):	· · · · · · · · · · · · · · · · · · ·	-	• • •
19. Visits to Health Professional Within Last 3 Years. (From page	e 1);		
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М	EDICAL CERTIF	ICATI	ΞTΗ	IRD CLASS							Middle		<del></del>		
	AND STUDENT	PILO	CE	RIJEIGATE	1	LUBITZ         ANDREAS         Guen           4. Social Security Number         888-07-0535						iter	<del> </del>		
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						6. Date Citiz	enship enshir		12/18/1987 Germany			rofHair DND	8. Color of BLUE	Eyes	9. Sex Male
4.7. C. C.	processing the second s	6年11月1日 11月1日 32	Hair	DESCRIPTION OF SOME OF THE PARTY OF THE PROPERTY OF			e of Air None	man	Certificate	e(s) You Hold:  ATC Specialist		☐ Flight	(estructor		Recreational
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tatio						<u></u> □	Yes		⊠ No	If yes, give date					
Ë						Total Pi 14. To D		re (Ci	ivilian Only 1	/) 15. Past 6 months	}	16. Date o	of Last FAA N		• •
: ∢Da	e of Examination	Exa	miner	's Designation No.		0				0		D4/0	09/2008		No Prior Application
	06/18/2010								_	ny Medication (Prescrip w list medication(s) used				Davida	. b. D 4. 4
in.	Signature					טאו ניסו	L. 1	es (	ii yes, beio	w hat (neolcabot)(s) daed	बाव दाहा	er abbiobii	iale bux).	Yes	isly Reported No
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Alf	MAN'S SIGNATURE		216		-  -	17 b Do	You F	ver I	Ise Near V	ision Contact Lens(es)	While FI	vinn?	☐ Yes		
18.	Medical History - HAVE YOU	JEVER IN Y	OUR I	LIFE BEEN DIAGNOSED W	- <b>J.L</b> /ITH,	, HAD, O	R DO Y	(OU I	PRESENTA	Y HAVE ANY OF THE FO	OLLOWI	NG? A	Answer "yes"		110
	for every condition listed below reported on a previous applica											on of the co			
Yes			Yes	No Conditio			Yes	No		Condition	Yes	No		Conditi	on
a. 🏻	☑ Frequent or severe headar	chés	g, 🔲	Heart or vascular troub	le 			17	depression,	rders of any sort; anxiety, etc.		Milita	ary medical di	scharge	
<b>b.</b> □	☑ Dizziness or fainting spell		h. 🏻	High or low blood press	รมเต	test ever, or substance abuse of use of				☑ Medi	ical rejection I	oy milita	ry service		
c. 🗖	☑ Unconsciousness for any r	eason	i. 🗖	☑ Stomach, liver, or intest	tinal	trouble		Ľ	ilegai subsi	ance in the last 2 years.	ւ 🗆	Rejection for life or health insurance			
а. 🏻	Eye or vision trouble excep	ot glasses	j. 🏻	☑ Kidney stone or blood is	n urii	urine o. 🔲 🗓			Alcohol dependence or abuse		U. □	☐ ☑ Admission to hospital			
e. 🔲	☑ Hay fever or allergy		k. 🔲	⊠ Diabetes			р. 🗌	図:	Suicide atte	mpt	×. □	Othe	r illness, disa	bility, or	surgery
f. 🖂	Asthma or lung disease		_ [	区 Neurological disorders; seizures, stroke, paraly	epile sis. e	epsy, etc.	q. 🔲	☑ Motion sickness requiring medication			у. 🗆	Medical disability benefits			
Arr	est, Conviction, and/or A	dministra	tive A				Page	9				_1	······································		
Yes v.□	while under the influence administrative action(s) is	of alcoholic nvolving an i	er a dru offense	n(s) involving driving while ir ig; or (2) history of any arres g(s) which resulted in the de ulted in attendance at an ed	st(s), :nial,	and/or c suspensi	onvictio ion, can	on(s), ocella	and/or ition, or	,	Yes w.□	₩ cor	story of nontra nviction(s) isdemeanors		ies).
•	lanations: See Instru m; Reactive depression Nover		_	009. No sequelae of depress	sive	period.; 1	8m - Re	eacti	ve depressi	on November 2006 - July	2009.;				A USE ion Codes
19.	Visits to Health Professi	onal Withi	пLas	st 3 Years.	ΙY	es (Expl	ain Bel	ow)	ХIN	o See Instruc	tions F	'agé	- Marchael	sorthic (3.8	5 N. W. S.
	Date Name	, Address	, and	Type of Health Profes:	sior	nal Con	sulted	i				Reasc	on		
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	<del></del>			<del></del>	-					<del></del>		****			
	- NOTICE -			20. Applic	cant	t's Natio	nal D	rive	r Registe	r and Certifying Dec	laration	ış			
ľu	Whoever in any matter within the jurisdiction of any department of motor vehicles, to furnish to the FAA information pertaining to my driving record. This consent constitutes authorization for a single access to the information contained in the NDR to verify information provided in this application. Upon														
Sta fai	or agency of the United my request, the FAA shall make the information received from the NDR, if any, available for my review and written comment, Authority: 23 U.S. Code 401. Note, states, conceals or covers up														
by any trick, scheme, or device a NOTE: ALL persons using this form must sign it. NDR consent, however, does not apply unless this form is used as an application for Medical Certificate or Medical Certificate and Student Pilot Certificate.								e J							
sta or \$2.	tements or representations, entry, may be fined up to 50,000 or imprisoned not more in 5 years, or both. (18 U.S. de Secs. 1001; 3571).	I hereby cer to be consid	lify that sered pa	all statements and answers provi rt of the basis for issuance of any	ided t	by me on th Certificate	is application	ation ( have :	form are comp also read and	olete and true to the best of my understand the Privacy Act st	/ knowledg alement th	e, and I agre at accompan	ee that they are lies this form.		
Co	de Secs. 1001; 3571).	Signature	of Apr	officant		··				<del></del>		Date			
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21. Height (inches) 68	22. Weight 150	(pounds)	oounds) 23. Statement of Demonstrated Ability (SODA) 24. SODA								A Serial	Number			
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25. Head, face, neck, a		ATE COLO		X					e, amplitude a			·		X	
26. Nose	in scarp			$\frac{1-x}{x}$					(including h			<u></u>		X	
27. Sinuses				$\frac{1}{x}$			(Not includ							$\frac{x}{x}$	
28. Mouth and throat			<u></u>	X		40. Skin								X	
29. Ears, general (Interna	al and external can	als; Hearing uni	der item 49)	X			system (N	at including	pahric exami	nation)				X	
30, Ear Drums (Perforation		<u> </u>		1 ×					mities (S		range of n	notion)		X	
31. Eyes, general (Vision	under items 50 to	54)		X.		43. Spin	e, other m	nusculos	keletal					X	
32. Ophthalmoscopic			<del></del>	X		44. Ident	lifying boo	y marks	, scars, ta	ettoos (S	ize & loca	tion)		X	
33. Pupils (Equality and rea	ction)			X		45. Lym								X	
34. Ocular motility (Ass	ociated parallel mo	vement, nystag	mus)	X		46. Neur	ologic (Ter	ndon reflexe	s, equilibrium	, senses, cra	anial nerva	es, coord	., e(c,)	X	
35. Lungs and chest (N	<del></del>			X					behavior, mo					X	
36. Heart (Precordial activity	, rhythm, sounds, a	and നഗന്നാഗ്രട)		X		48. Gene	eral syste	mic						X	
NOTES: Describe every a	bnormality in d	letail. Enter	applicable item nu	ımber befo	re each con	nment. Use	additional	sheets if	necessary	and attac	h to thi	s form.			
поле															
					<del></del>										
49. Hearing		Record Audiom Discrimination	Score Below		- E00	1000 R	ght Ear 2000	3000	4000	500	100		t Ear	2000	1000
Conversational Voice Te	st at 6 Feet			Audiomete Threshold in decibels	500	1000	2000	3000	4000	500	100	-	2000	3000	4000
50. Distant Vision		T	51.a. Near Vis			<del></del>	51.b. i	nterme	diate Visi	on – 32 l	I Inches		T 52	. Color V	ision
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(Sitting, min of	olic Diastolic	56. Pulse (Resting)	,	∑ No			Abnormal	-	Albumin	Sug	ar 1	58, EC	DD		ΥΥ
Mercury) 59. Other Tests Given	30 ,90	04							монна	Norm	iai				
55. Other Tests Given															
			-												
60. Comments on History and Findings: AME shall comment on all "YES" answers in the Medical History section and for abnormal findings of the examination. (Attach all consultation reports, ECGs, X-rays, etc. to this report before mailing.)  18m: In the mean-time there was a brief period of a reactive depression caused by a decompensation subsequent to excessive demands. The applicant was evaluated by and found fit for JAR-FCL 3 Class 1 Medical fitness. Applicant is constinuing as a flight student without any further abnormalities and was found fit for JAR-FCL Class medical fitness. Page 1 has been modified: 18M>>18m changed from N to Y   Modification comments from AME:18M.In the mean-time there was a brief period of a reactive depression caused by a decompensation subsequent to excessive demands. The applicant was evaluated by and found fit for JAR-FCL 3 Class 1 Medical fitness.:  Coded By:  Clarical Reject															
Significant Medical His	story	∭ YES	□ NO	Been Issu		ormal Phys				YES		NO			
61. Applicant's Name ANDREAS Guenter LUI	BITZ		1781	No Certifi	cate Issue	Medical Co d — Defense Letter of Den	d for Furth	er Evalua	Medical tion ached)					o Certifica	te issued
63. Disqualifying Defe	cts (List by it	em numbe	г)				· <del>- · ·</del>								
64. Medical Examiner's			eby certify that I h attachment embo					and pers	onally exa	mined the	applica	ant nam	red on		
Date of Examination			on Medical Exa G SIEDENBUR		lame			A	viation M	ledical E	xamini	er's Si	gnatu	re	
MM DD YY	Y Y	<del>-</del> 1	Address	12 CE2 1	ae.										
06/18/2010		<u> </u>	BEIM JAGER 19						ME Seria			3015			
		City	HAMBURG_	S	tate	Zìp Coo	ie 22313	3 <b>A</b>	ME Telep	hone 6	96 <u>-964</u>	<b>1-7624</b>			!

### Form 8500-8 Continuation Sheet

Applicant Name: ANDREAS Guenter LUBITZ

Applicant MID : 200004752955

17.a. Medications (From page 1):							
Medication	Previously Reported						
	Yes	No					
18. Explanations (From page 1):		<del>.</del>					
19. Visits to Health Professional Within Last 3 Years. (From page 1);							
	Salar Salar Salar						
Notes (From page 2): none							
Other Tests Given (From page 2):							
Comments on History and Findings (From page 2):  18m: In the mean-lime there was a brief period of a reactive depression caused by a decompensation subsequent to exceed and found fit for JAR-FCL 3 Class 1 Medical fitness. Applicant is constinuing as a flight student without any further medical fitness. Page 1 has been modified: 18M>>18m changed from N to Y   Modification comments from AME-18M.In 1 depression caused by a decompensation subsequent to excessive demands. The applicant was evaluated by	r abnormalities and was the mean-time there was	found fit for JAR-FCL Class					

#### AME Actions:

**Applicant Previously Assessed** 

[] 1. Has OSA diagnosis and is on Special Issuance. Reports to follow.

[] 2. Has OSA diagnosis and is currently being treated OR has had previous OSA assessment. NOT on Special Issuance. Reports to follow. Applicant Not at Risk

Applicant Not at NSA

[] 3. Determined to NOT be at risk for OSA at this examination.

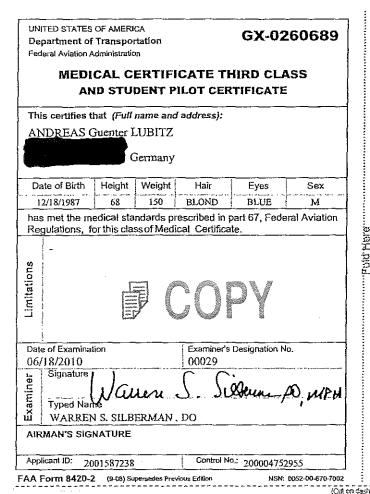
Applicant at Risk/Severity to be Assessed

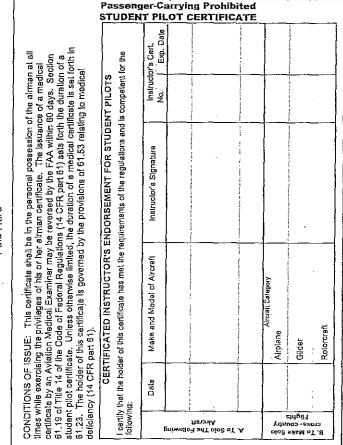
[] 4. Discuss OSA risk with airman and provide educational materials.

[] 5. At risk for OSA. AASM sleep apnea assessment required. Reports to follow.

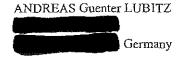
Applicant Risk/Severity high

[] 6. Deferred, Immediate safety risk. AASM sleep apnea assessment required. Reports to follow.





AEROSPACE MEDICAL CERTIFICATION DIVISION, AAM - 300 FAA Civil Aerospace Medical Institute
Mike Monroney Aeronautical Center
P.O Box 26080
Oklahoma City, OK 73125-9914



Dear Airman:

Above is your new medical certificate. It supersedes any previous one you may have been issued.

To validate this certificate, it is necessary that you sign it in the space provided (Airman's Signature).

This certificate must be in your possession at all times while exercising your pilot privileges.

Administration

Mike Monroney Aeronautical Center Civil Aerospace Medical Institute (CAMI) Aerospace Medical Certification Division P.O. Box 26080 Oklahoma City, OK 73125-9914

July 08, 2010

ANDREAS GUENTER LUBITZ

GERMANY

Ref: PI# 2169319

App ID# 2001587238

Dear Mr. Lubitz:

Your report of physical examination has been received. Based upon our review of the information submitted, we are unable to establish your eligibility to hold an airman medical certificate at this time.

Due to your history of reactive depression, please submit a current detailed status report from your prescribing physician. The report should include the date medication(s) were discontinued and confirmation of no recurrence of symptoms since discontinuing medication(s). The report should also include diagnosis, prognosis without medication(s), follow-up plan, and copies of treatment records.

Upon review of the aforementioned information, additional data may be required.

Following our review of the requested data, we will notify you regarding your eligibility for medical certification. We will appreciate your use of the above reference numbers on any correspondence.

Please note that your medical certification has not been denied at this time; however, if no reply is received within 30 days from the date of this letter, we will have no alternative except to deny your application in accordance with Title 14 of the Code of Federal Regulations (CFRs), Section 67.413.

Sincerely,

Warren S. Silberman, D.O., M.P.H.

Dandy Clymu 101

Manager, Aerospace Medical Certification Division

Civil Aerospace Medical Institute

cc: Joerg Siedenburg M.D.

skc/tdz

Administration

Mike Monroney Aeronautical Center Civil Aerospace Medical Institute (CAMI) Aerospace Medical Certification Division P.O. Box 26080 Oklahoma City, OK 73125-9914

July 28, 2010

ANDREAS GUENTER LUBITZ

GERMANY

Ref: PI# 2169319

App ID# 2001587238

Dear Mr. Lubitz:

Our review of your medical records has established that you are eligible for a third-class medical certificate.

Enclosed is your medical certificate. It requires your signature.

You are cautioned to abide by Title 14 of the Code of Federal Regulations (CFRs), Section 61.53, relating to physical deficiency. Because of your history of reactive depression, operation of aircraft is prohibited at any time new symptoms or adverse changes occur or any time medication and/or treatment is required.

Use of the above reference numbers on future correspondence and/or reports will aid us in locating your file.

Sincerely,

Warren S. Silberman, D.O., M.P.H.

sandy Clymer 101

Manager, Aerospace Medical Certification Division

Civil Aerospace Medical Institute

Enclosure

Joerg Siedenburg M.D. cc:

skc





U.S. Department of Transportation Federal Aviation Administration Mike Monroney Aeronautical Center Civil Aerospace Medical Institute (CAMI) Aerospace Medical Certification Division P.O. Box 26080 Oklahoma City, OK 73125-9914

July 08, 2010

ANDREAS GUENTER\_LUBITZ

GERMANY

Ref: PI# 2169319

App ID# 2001587238

Dear Mr. Lubitz:

Your report of physical examination has been received. Based upon our review of the information submitted, we are unable to establish your eligibility to hold an airman medical certificate at this time.

Due to your history of reactive depression, please submit a current detailed status report from your prescribing physician. The report should include the date medication(s) were discontinued and confirmation of no recurrence of symptoms since discontinuing medication(s). The report should also include diagnosis, prognosis without medication(s), follow-up plan, and copies of treatment records.

Upon review of the aforementioned information, additional data may be required.

Following our review of the requested data, we will notify you regarding your eligibility for medical certification. We will appreciate your use of the above reference numbers on any correspondence.

Please note that your medical certification has not been denied at this time; however, if no reply is received within 30 days from the date of this letter, we will have no alternative except to deny your application in accordance with Title 14 of the Code of Federal Regulations (CFRs), Section 67.413.

Sincerely,

Sandy Clymai is

Warren S. Silberman, D.O., M.P.H. Manager, Aerospace Medical Certification Division Civil Aerospace Medical Institute

cc: Joerg Siedenburg M.D.

skc/tdz

JOERG SIEDENBURG M.D. AIRPORTRING TOR 21 FRANKFURT 60546 FRANKFURT GERMANY

Medical specialist for psychiatry and psychotherapy

Phonex
Fax:

Clinic

on 10<sup>th</sup> July, 2009

Andreas Lubitz, born on 18th December, 1987,

Dear Colleague,

#### Anamnesis:

A considerable remission has been obtained by medication with Cipralex and Mirtazapin, as well as by a psychotherapeutic treatment. Finally, the medication has been tapered.

Psychopathologic findings:

Patient alert and mentally fully oriented, with no retentivity or memory disorders; formal train of thoughts without pathologic findings; no phobias and compulsions; no delusion; no alusia or depersonalisation; emotionally stable; oscillatory; capable of exercise; no sleep disorders.

Diagnosis:

(ICD:F32.2G) Severe depressive episode without psychotic symptoms in complete remission

Epicrisis and therapy:

In the case of Mr. Lubitz, modified living conditions caused the onset of a depressive episode. By a drug therapy and a psychotherapeutic treatment, which enabled him to develop the sufficient resources for getting on with similar situations in the future, the complete remission was obtained. The medication could be stopped.

Mr. Lubitz completely recovered, there is not any residuum remained. The treatment has been finished.

Best regards

This report is computer-generated, hence it is valid without signature.

On demand, we shall gladly send you a copy with signature.

70 301770 70 301770 30 4 30 4 5 - 300 005 80 4 4 5 - 300 005 The correctness and completeness of the above translation from German is hereby certified.

Grosshapsdorf, 21.7.10

Petel Strauß,

Translator for English, officially authorised for the courts and public prosecution authorities of the Federal State Schleswig-Holstein.

Baim Landgericht Lübeck

Poter Strauss Telefon (4 102) 6 35 53 Telefox (0 41 02) 45 89 44 e-mail and epi-strauss.de

State Schieswig-Hoistein.

Profi Schnelidiensi

Knochenheilerst. 11 28196 Briman Tel.: 6421 7 1 33 77 Telefac 6421 7 1 65 58 65

Fachübereelzunger

Dipl.-Psych.

Psychological psychotherapist Psychotherapist for children and juveniles

λÆr

Andreas Lubitz

Phone: Fax:

23<sup>rd</sup> February, 2010

## Psychological Psychotherapeutic Certificate

Mr. Andreas Lubitz, born on 18<sup>th</sup> December, 1987, resident in was under my psychotherapeutic treatment from January to October 2009. Mr. Lubitz' high motivation and active participation contributed to the successful completion of the treatment, after the management of symptoms.

Dipl.-Psych. Psychological psychotherapist
Psychotherapist for children and juveniles

Signature

Medical specialist for psychiatry and psychotherapy	Phone Fax:		ŀ
	•	,	
Clinic	**		
	0.	n 10 <sup>th</sup> July, 2009	
Andreas Lubitz, born on 18 <sup>th</sup> December, 1987,			
Anamnesis: A considerable remission has been obtained by medication well as by a psychotherapeutic treatment. Finally, the me			as
Psychopathologic findings: Patient alert and mentally fully odented, with no retentive of thoughts without pathologic findings; no phobias and or depersonalisation; emotionally stable; oscillatory; capa	compulsions; no	delucion; no alus	111
Diagnosis: (ICD:F32.2G) Severe depressive episode without psycho	otic symptoms ir	ı complete remiss	ion
Epicrisis and therapy:  In the case of Mr. I white modified living conditions cause	sed the anset of	a demessive enisc	ode

Best regards

finished.

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This report is computer-generated, honce it is valid without signature.

On demand, we shall gladly send you a copy with signature.

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The correctness and completeness of the above translation from German is hereby certified.

Grosshansdorf; 21.7.10

Peter Strauß,

Boin Landericht Lübeck Bolev Strauss Tebbon id 41 02) 6 35 59 Telelax id 41 02) 45 E9 44 Email in Dept strauss de

Translator for English, officially authorised for the courts and public prosecution authorities of the Federal State Schleswig-Holstein.

Profi Schnelidenst

Knocheriteumstr. 11 26:06 Bernen Tel.: 04217 ! 33:77 Telefax: 04217 1:53:53:95

Fachübercetzungen

Dipl.-Psych.

Psychological psychotherapist Psychotherapist for children and juveniles

Mr.



23rd February, 2010

# Psychological Psychotherapeutic Certificate

Mr. Andreas Lubitz, born on 18<sup>th</sup> December, 1987, resident in was under my psychotherapeutic treatment from January to October 2009. Mr. Lubitz' high motivation and active participation contributed to the successful completion of the treatment, after the management of symptoms.

Dipl.-Psych.

Psychological psychotherapist

Psychotherapist for children and juveniles

Signature

# Airman MedXPress Exam Submittal Process For DIWS Exam (MID) Number: 200003801199

Page: 1

# MedXPress

Applicant Name:	Andreas Guenter Lubitz
Applicant DOB:	12/18/1987
MedXPress Account Name:	andreaslubitz@aol.com
IP Address Used:	87,168.119.27
Exam Create Date:	04/04/2008
Exam Signed/Submitted On:	04/04/2008
Exam Confirmation Number:	71413544841
Correct User Password was used by MedXPress applicant for submission:	No

## AMCS

Import Date:	04/09/2008
Exam Imported for AME Name/Number:	MATTHIAS J A VON MUELMANN / 15851
Exam Imported from MedXPress	MATTHIAS J A VON MUELMANN
ov: Exam Date:	4/9/2003
Exam Submitted to FAA On:	04/09/2008
Exam Submitted for AME Name/Number:	MATTHIAS J A VON MUELMANN / 15851
Exam Submitted to FAA by:	MATTHIAS J A VON MUELMANN
DIWS MID Number:	200003801199
Exam Modification(s) by AME:	none
AME certified that Exam Modifications were approved by applicant:	N/A

<u>Ap</u>	plicant Must Con	plete AL	L	20 Items (Excep	<u>į</u>				LEASE PRINT			pproved ON		
M	py of FAA Form 8500 9 dical Certificate) or FAA m 8420-2 (Medical Student n Certificate) testied	FF-68	6	6174			ication nan Me tificate	dical <sub>szi</sub> Airma	in Medical and Student Certificate	2.	Class of I	Medical Certi		Applied For:  3rd
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	is certifies that (Full nam	ne and addres	S5)			5. Addr	ess Ni	imber / Street			Tele	phone Numb	er	<u></u>
AN	DREAS Gueriler LUBITZ					City				State	/Country		Zip Co	
Signatura	319.55000					6. Date			7.		of Hair (	8. Color of l	56410 yes	9. Sex
	ate of Birth . Height	Weight H	air	Eyes Sex			enship e of Air	Germany man Certificate	(s) You Hold:	BLO	ND I	BLUE		Male
	12/18/1987	152 BL	ÖŅI	O. DEDES THE MEY			None		☐ ATC Specialist	Ľ	Flight 1	nstructor		Recreational
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204	I. None		-			11. Occ	Comme		Flight Navigator		Studer  2. Employ			
2						Student		A A Airman Ma	dical Certificate Ever Been			uffhansa AG	lea d'O	
mitation	nt Species of Education	ng k satari				is. has		XI No	If yes, give date		u, 3uspei	idea, or Revi	skeu (	
Ē				Mark to serve		Total Pi		e (Civilian Only	15. Past 6 months	1	6. Date o	Last FAA M		
and A	le of Examination	Examir	ner.	s Designation No.		0			0				N.	No Prior Application
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el Service	Signature						-	-5 ( ) 45, 25					Yes	No
Line	Typed Name				$\ \cdot\ $								_ 🛘	
ŭ	IM NOV A UZAIHETAM	JELMANN			$\ $						<del></del>		- 🗖	
	RMAN'S SIGNATURE					17.b. Dc	You E	ver Use Near V	ision Contact Lens(es) Wi	ile Fly	ing?	☐ Yes	N	No .
18.	Medical History - HAVE YOU for every condition listed below										· ·	nswer "yes" o ndition was	r "no"	-
Yes	reported on a previous applica		an n		ha:		change				ns Page		onditi	- 12
	XI Frequent or severe heada	<del></del>	_	⊠ Heart or vascular trouble	_			(Mental disc	rders of any sort;	r. 🗀	i	ry medical dis		_ 7
ь п	☑ Dizziness or fainting spell	h.[	_	⊠ High or low blood press			n.[]	াল Substance	anxiety, etc. iependence or failed a drug	s. 🗆	IVI Modie	al rejection by	. milita	or consiso
			-					lest ever, of	substance abuse or use of ance in the last 2 years.	<b> </b>				
	☑ Unconsciousness for any I			Stomach, liver, or intesti				701 At - 1-1 /		1. <u>[]</u>	<del> }</del>			insurance
	Eye or vision trouble exce		- 1	Kidney stone or blood in	ıur	ine	0. 🗆		endence or abuse	u, []	<u> </u>			
	Hay fever or allergy	k. [	{	☑ Diabetes  Neurological disorders;	eni	lensv	p. 🗌	Suicide atte	<del></del>	×. П	KI Other	illness, disab	ility, or	surgery
	Asthma or lung disease	J. [		- seizures, stroke, paraiys	SIS,	eic.	q. []	Motion sicki	less requiring medication	<u> </u>		<del></del>		
Yes	nviction and/or Administ	<del></del>		ring while intoxicated by, wh				bile under the		Yes	No <sub>Uie</sub>	lory of nontraf	 5a	
v. 🗖	influence of alcohol or a offense(s) which results	drug, or (2) hist ed in the denial,	lory sus	of any conviction(s) or adm spension, cancellation, or re nal or a rehabilitation progra	nin evo	istrative a	ction(s)	involving an		w.[]	⊠ con	viction(s) sdemeanors o		es).
	planations: See Instru	ctions Page											CE CO	A USE on Codes
19.	Visits to Health Professi	onal Within L	as	t 3 Years.	Υ	'es (Exp	ain Bel	ow) 🗵 No	See Instruction	ons Pa	ge			
	Date Name	, Address, аг	nd '	Type of Health Profess	sio	nal Con	sulted				Reaso	n		
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		<del></del>												
w	- NOTICE - hoever in any matter within the	I berahy zuthoriz	7e 1)	• • • • • • • • • • • • • • • • • • • •				_	r and Certifying Declar Motor Vehides, to furnish to the			lzinina la my		1
ju or	risdiction of any department agency of the United ates knowingly and willfully	driving record, 7	his	consent constitutes authorization	for	a single acc	ess to the	e information conta	ined in the NDR to verify informati eview and written comment. Authorities	ion provid	ied in this a	pplication. Úpon		1
fal by	silies, conceals or covers up any trick, scheme, or device a	NOTE:	,	LL persons using this form mu	ust	sign it. NDI	₹ conser	nt, however, does	not apply unless this form is us	ed as ar	t applicatio	n for Medical C	ertificat	.
fal sta	aterial fact, or who makes any se, ficilitious or fraudulant atements or representations,	}		or Medical Certificate and Stude										ĺ
\$2 tha	entry, may be fined up.lo 50,000 or imprisoned not more an 5 years, or both. (18 U.S. ade Secs. 1001; 3571).	I hereby certify to to be considered	hat a par	all statements and answers provid It of the basis for issuance of any	ed FA	by me on th A certificate	is applica to me. I l	ation form are comp have also read and	lete and true to the best of my kn understand the Privacy Act stater	owledge, ment that	and lagree accompani	e that they are es this form.		
		Signature of A	Δрр	licant		·,—•					Date	04/04/2008		

# Form 8500-8 Continuation Sheet

Form 9300-9 Continuation Success			
17.a. Medications (From page 1):	Previously f	Senoted	
Medication			
	Yes	No	
18. Explanations (From page 1):			
19. Visits to Health Professional Within Last 3 Years. (From page 1);			
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<u>Ap</u>	plicant M	lust Comp	olete A	LL	20 Items (Exce	pf				PLEASE PRINT			oproved Of		
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MEDICAL CERTIFICATETHIRD CLASS					2443		3. Last Name First Name Middle Name								
AND STUDENT PILOT CERTIFICATE						LUBITZ 4. Soci		rity Number	ANDREAS 888-07-05			Gueni	er		
T	is certifies ti	rat (Full name	and add	lress	): 	9 10 10	5. Add	ress N	umber / Street			Tele	phone Numb	er	<u> </u>
ANDREAS Guerter LUBITZ						Cīty	·- <u>-</u>		<del></del>	State	/Country	,	Zip Co	de	
200							6 Date	of Birt	12/18/198	, , , , , , , , , , , , , , , , , , , ,	Color	of Hair 1	8. Color of	TVP S	9, Sex
							Citiz	enship	Germany		BLO		BLUE		Male
Date of Birth   Height   Weight   Hair   Eyes   Sext							1	e of Air	man Certificat	e(s) You Hold:  ATC Specialist		 ] Flight I	Instructor		Recreational
has anet the anedical slandards prescribed in part 67. Federal 3					11		Airline	Transport	☐ Flight Engineer	D	☑ Private	1		Other	
ΑV	iation Regula	ions, fonthis d	lass of M	edica	l Certificate			Commo	ercial	☐ Flight Navigator		Studen	nt ·		
	None					100 of 51	11. Occupation 12. Employer Student Pilot Deutsche Lufthansa AG								
SUO	4						13. Has	<b>Уо</b> шт Р		dical Certificate Ever Bee				oked?	<del></del>
15 15								Yes ilot Tim	No le (Civilian Onl	If yes, give date		6. Date o	f Last FAA M	edical	Application
			10 (E) (E)				14. To 1			15. Past 6 months			. 22011,01		No Prior
.aDa	te of Examina	A PARTY OF THE PAR	Exa	miner	s Designation No. 1		0	•		0	Щ.				Application
2	04/09/	800			15851		E .			.ny Medication (Prescription) ow list medication(s) used an				reviou.	sty Reported
iji	Signature		916											Yes	No
amin	: Typed Nam	e ,	11.45			11								_ 🖸	
ιŭ	Promise Collacational	SÚ A VON MÚE	LMANN:		ing Say Made Consider A		<b></b>						<del></del>		
AIRMAN'S SIGNATURE  17.b. Do You Ever Use Near Vision Contact Lens(es) While Flying?   Yes   No										Nο					
18.										LY HAVE ANY OF THE FOL NO CHANGE" only if the exp		٠.	nswer "yes" o	r 'no"	
<u>.</u>	reported on a p	revious application	on for an ai	rman :	medical certificate and the	re h		o chang	e in your condit	ion. See In	structio	ns Page			
Yes	<del> </del>	Condition severe headach	<b>-</b>	Yes	No Conditi				Mo Mental disc	Condition orders of any sort.	Yes r. 🔟	<del> </del>		onditi	
a. L	Ma Frequent of	SEVELE HEBOACI	nes g. 🔲 🔯 Heart or vascular trouble						depression, anxiety, etc.  Substance dependence or failed a drug		.}—	ļ			
ь. П	⊠ Dizziness σ	DizzIness or fainting spell h. ☐ I High or low blood pres				ssu	re 	n. 🗀	test ever; c	r substance abuse or use of	5. <u> </u>	Medical rejection by military service			y service
c, 🔲	☐ ☑Unconsciousness for any reason i. ☐ ☑ Stomach, liver, or inter			stin	al trouble	<u>l</u>	illegal subs	ibstance in the last 2 years.		Rejection for life or health insuranc			insurance		
d 🏻	☐ ☑ Eye or vision trouble except glasses j. ☐ ☑ Kidney stone or blood			in t	urine	o. 🔲 🖾 Alcohol dependence or abuse			U. 🗆	Admission to hospital					
e. 🗌 🛮 Hay fever or allergy k. 🗍			k. 🔲	<b>∤</b> =			р. 🗌	🛛 Suicide atte	×П	Other illness, disability, or surgery			surgery		
f. □ 囚 Asthma or lung disease				ı. 🗆	Neurological disorders seizures, stroke, para	pilepsy, s, etc.	q. 🗆	Motion sickness requiring medication							
Со	nviction and/	or Administra	tive Acti	on H	istory – See Instructi	_									<del> </del>
Yes No History of (1) any conviction(s) involving driving while intoxicated by, while influence of alcohol or a drug; or (2) history of any conviction(s) or admit offense(s) which resulted in the denial, suspension, cancellation, or reventich resulted in attendance at an educational or a rehabilitation program							is impalled by, or while upper the inistrative action(s) involving an vocation of driving privileges or				Yes w.□	HISIUTY DI DONTRATTIC			es).
Explanations: See Instructions Page  None  FOR FAX'USE  Review Action Codes															
-19.	Visits to Hea	ith Professio	nal Withi	n Las	st 3 Years.		Yes (Exp	lain Bei	ow) 🗵 N	o See Instructi	ons Pa	ige	ALL TOWNS	er who rought to	A contex alternates delige
	Date Name, Address, and Type of Health Professional Consulted Reason														
<del></del>															
- NOTICE - 20. Applicant's National Driver Register and Certifying Declarations															
Whoever in any matter within the jurisdiction of any department of white particular in the NDR to verify information provided in this application. Upon															
or agency of the United my request, the FAA shall make the information received from the NDR, if any, available for my review and written comment. Authority: 23 U.S. Code 401, Note, States knowingly and written comment. Authority: 23 U.S. Code 401, Note, Italians, conceals or covers up															
by any trick, scheme, or device a NOTE: ALL persons using this form m material fact, or who makes any false, fictificus or Insudulent form the scheme of th					រាមន (den	st sign it. ND t Pllot Certif	R conse	nt, however, does	not apply unless this form is u	sed as ar	application	on for Medical C	ertificat	e j	
statements or representations, or entry, may be fined up to Thereby certify that all statements and answers provided the statements and answers provided the statements and answers provided the statements.					ovided by me on this application form are complete and true to the best of my knowledge, and I agree that they are my FAA certificate to me. I have also read and understand the Privary Act statement that accompanies this form.										
lha	an 5 years, or both, ode Secs. 1001; 35	(18 ป.S.	to be cousig	еней ра	in or the costs for issuance of a	ay ta	nn cennicale	. w me. I	11646 9120 1490 9U(	z ondersteint bie Etivacy Act state	meni mai	accompani	⊷ инз ЮПП.		
Signature of Applicant					Date <sub>04</sub> ,					04/04/2008					
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<u>N</u>	OTE: FA	A/Origin			<del></del>			nination M	ust be T	YPED	<u>-</u>			
REPORT OF MEDICAL EXAMINATION  21. Height (inches)   22. Weight (pounds)   23. Statement of Demonstrated Ability (SODA)   24. SODA Serial N											Number			
67 152 Tes					ĭ No	Defect No	•			-				
CHECK EACH ITEM I	APPROPR	IATE COLU	MN	Norma	Abnormal	CHECK	EACH ITE	M IN APPROPI	RIATE COLU	MN		Normal	Abnorm	
25. Head, face, neck, a	nd scalp			Х		37. Vaso	ular system	(Puise amplitude	and character, an	ns, legs, of	uerz)	1 x	<del> </del>	
26. Nose	Х		38. Abdo	men and v	iscera (including		X	<del> </del>						
27. Sinuses	X		39. Anus	(Not including	digital examination)		X	<del> </del>						
28. Mouth and throat			······································		×	40, Skin		<del></del>	-	X	<del>                                     </del>			
29. Ears, general (Intern	al and external car	als; Hearing und	ler itam 49)	Х		41. G-U	system (Not)	including pelvic exam		X	<b></b> -			
30. Ear Drums (Perforation	on)	· · · · · · · · · · · · · · · · · · ·		Х		42, Uppe	r and lowe	r extremities (		X	<b>f</b> —			
31. Eyes, general (Visio	n under items 50 to	54)		Х	l	43. Spine	, other mu	sculoskeletal				X		
32 Ophthalmoscopic				X		44. Ident	ifying body	marks, scars, f		T X	<del>                                     </del>			
33. Pupils (Equality and rea	ction)		الارتيان <u>المرازي المالة المرازية الما</u>	Х		45. Lym	hatics		-	X				
34. Ocular motility (As	sociated parallel m	ovement, nystag	mus)	Х		46. Neur	46. Neurologic (Tendon reflexes, equilibrium, senses, cranial nerves, coord., etc.							
35. Lungs and chest (N	lot including breas	t examination)		Х		47. Psyc	47. Psychiatric (Appearance, behavior, mood, communication, and memory)							
36. Heart (Precordial activity	y, rhythm, sounds,	and murmurs)	<del></del>	Х		48. Gene	ral systemi	c				X		
28: Tonsillectomy	. "	*** ***.												
49. Hearing		Record Audiom	einc Speech		1	Ri	ght Ear		<u> </u>	L	eft Ear	<u></u> -	<del></del>	
Conversational Voice Te		PISCH HITISTON S	COLC DEIGN	Audiomete	er 500	1900		3000 4000	500	1000	2000	3000	4000	
🛛 Pass 🔲 Fail				Threshold in decibels	10	10	10	10 10	10	10	10	10	10	
50. Distant Vision			51.a, Near Vi	<u> </u>		.e	51.b. int	ermediate Vis	ion – 32 Incl	nes	52	. Color V	/ision	
Right 20/ 20 Left 20/ 20 Both 20/ 20	c	Corrected to 20/ Right 20/ 20 Corrected to 20/ Left 20/ 20 Corrected to 20/ Both 20/ 20					Corrected to 20/ Corrected to 20/ Corrected to 20/ Corrected to 20/							
53. Field of Vision	54. He	terophoria	20' (in prism diop	lers)	E	sophorta	E	xophoria	Right Hyp	erphoria	Le	ft Hyperphoria		
Normal   Abno	rmal					0		1		Ď.		0	·	
55. Blood Pressure		56. Pulse		57. Urine	Test (ifal	bnormal, give re	uits)	7	1	58. E	CG (Dat	e)		
isitung, mm oi ———	olic   Diastolic 120 /80	(Resting) 66		XI No	rma!		bnormal	Albumin	Albumin Sugar M.M.			04/09/2008		
59. Other Tests Given	<del></del>	<u> </u>					<del>,</del>			<del></del>				
None														
60. Comments on History and Findings: AME shall comment on all "YES" answers in the Medical History section and for abnormal findings of the examination. (Attach all consultation reports, ECGs, X-rays, etc. to this report before mailing.)  28: Tonsillectomy None  Coded By  Credical Rejects														
Significant Medical His	story	☐ YES	DA NO	)	Abno	ormal Phys	ical Findin	gs 🏻	YES	Ю №				
61. Applicant's Name  62. Has Been Issued —														
63. Disqualifying Defects (List by item number)														
64. Medical Examiner's Declaration — I hereby certify that I have personally reviewed the medical history and personally examined the applicant named on this medical examination report. This report with any attachment embodies my findings completely and correctly.														
Date of Examination Aviation Medical Exam MATTHIAS J A VON ML											Signatu	re		
MM DD YY	т Y	— {	Address					<b></b>						
04/09/2008		<u> </u>	SE FRA PM/F	M G	tate	Zin Cod	e BOSAS	AME Seria		15851	01		<del></del>	
City FRANKFURT AM State Zip Code 60546 AME Telephone 496969647601														

# Form 8500-8 Continuation Sheet

Applicant Name: ANDREAS Guenter LUBITZ
Applicant MID : 200003801199

17.a. Medications (From page 1):						
Medication	Previously	Previously Reported				
	Yes	No				
18. Explanations (From page 1):						
19. Visits to Health Professional Within Last 3 Years. (From page 1);						
Notes (From page 2):						
28: Tonsillectomy						
Other Tests Given (From page 2): None						
Comments on History and Findings (From page 2): 28: Tonsillectomy None						
AME Actions:						
Applicant Previously Assessed [] 1. Has OSA diagnosis and is on Special Issuance, Reports to follow. [] 2. Has OSA diagnosis and is currently being treated OR has had previous OSA assessment. No Applicant Not at Risk	OT on Special Iss	uance. Repo	rts to follow.			
[] 3. Determined to NOT be at risk for OSA at this examination, Applicant at Risk/Severity to be Assessed						
[] 4. Discuss OSA risk with airman and provide educational materials.						
[] 5. At risk for OSA. AASM sleep apnea assessment required. Reports to follow. Applicant Risk/Severity high						
TTC Believed Immediate eather sick AACM slear anner passagement continued Banach to follow		* * * * .				